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OCT 0 11 2021 | ALHRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 029213 4813078

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: September 23, 2021

ORDER TIME : 1:45 PM

ORDER NO. : 029213-011

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: COMPASS ROSE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporati	617.0502. 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FL	
	the corporation: COMPASS ROS	or registered agent, or both, in the State of Florida. SE CORPORATION	
2. The principal	office address: 1375 BUENA VI	STA DR. 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830	
3. The mailing a	address (if different): 500 S BUE	NA VISTA ST BURBANK, CA 91521-0105	
		Document number: 291724	
	I street address of the current regetment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	GIACALONE, MARGARET C		
	1375 EAST BUENA VISTA DRIVE, 4TH FLOOR NORTH		
	LAKE BUENA VISTA	FL 32830	
6. The name and (if changed):	·	FL 32830 Created agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street	 	
	Tallahassee	P.O. Box NOT acceptable FL 32301	
	ess of its registered office and the identical.	ne street address of the business office of its registered agent.	
Such change was	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Xie P	agni	Jill Cilmi Vice President	
′	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of a I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this Service Company	agent and agree to act in this capacity. I all statutes relative to the proper and complete performance The obligation of my position as registered agent. Or, if this age in the registered office address. I hereby confirm that the change.	
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ro 7 Kubi	09/23/2021	
2 C 5 K	hature of Registèred Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President	_	
17	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *